

## Application to Local Registrar for Copy of Birth Record

### CERTIFICATE INFORMATION

First Middle Last Name			Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y			
Place of Birth Hospital (if not hospital, give street & number)			(Village, Town or City)			County
First Middle Last Father			First Middle Last Maiden Name of Mother			
Number of Copies Requested		Enter Birth No. if Known		Enter Local Registration No. if Known		

Purpose for Which Record is Required (Check One)	<input type="checkbox"/> Passport	<input type="checkbox"/> Working Papers	<input type="checkbox"/> Welfare Assistance
	<input type="checkbox"/> Social Security • Retirement	<input type="checkbox"/> School Entrance	<input type="checkbox"/> Veteran's Benefits
	<input type="checkbox"/> Social Security • SSI	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Court Proceeding
	<input type="checkbox"/> Retirement	<input type="checkbox"/> Marriage License	<input type="checkbox"/> Entrance into Armed Forces
	<input type="checkbox"/> Employment		
	<input type="checkbox"/> Other (Specify) _____		

### APPLICANT INFORMATION

NAME FIRST MIDDLE LAST		If attorney, give name and relationship of your client to person whose record is required	
What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other. specify _____		<div><input type="text"/></div> <div>(name of client)</div>	
Telephone ( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Social Security <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<div><input type="text"/></div> <div>(relationship)</div>	
Signature of Applicant		<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)	
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y		TYPE OF ID	
Address of Applicant		<input type="checkbox"/> Driver's License State ____ No. _____	
Street		<input type="checkbox"/> Other ID, specify _____	
City State Zip Code		No. _____	

## **TYPES OF ACCEPTABLE IDENTIFICATION**

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED**